

# Choices

Category: Stress and Burnout

written by Mary Grace Heyrosa | May 11, 2017

My current life as a *locum tenens*—a doctor who travels around to fill in for vacationing or ill physicians—is lonely. I spend endless days in hotel rooms, away from my family. But I chose this existence as an antidote to the professional exhaustion that threatened to end my surgical career. Regular panic attacks, maladaptive coping behaviors and compassion fatigue had turned me into a person I did not like or recognize.

During one assignment when I felt particularly isolated, an interaction with a burned-out hospitalist reminded me why I'd made this choice.

Judy, my patient, was a “frequent flyer”—someone who comes into the emergency room regularly, often with apparently non-emergency complaints. This evening, she presented with abdominal pain for the second time in two days. The ER physician ordered an abdominal CT, as one hadn't been performed the last time. The scan revealed abnormalities correlating with her symptoms, so he requested admission from the hospitalist and a surgical consult from me.

The following morning, I greeted the hospitalist. “Good morning. Thanks for admitting Judy last night.”

Clearly exhausted, he said, “The minute I walked out of the hospital, the ER paged with three new admissions. She was one of them.”

“I'm sorry,” I said sympathetically.

“I didn't think she needed to be admitted. I *still* don't think she needs to be here.”

“Wouldn't you hate to miss something, like a cancer?” I responded. “What do *you* think is wrong?”

“I think she just can't deal with life,” he retorted.

“Crazy *can* be sick,” I countered.

“Well, she's definitely *crazy!*” He made no attempt to hide his disgust.

Entering Judy's room, I introduced myself as the on-call surgeon and ran through my list of questions. Judy was obese, and her eyes radiated sadness and defeat. It seemed life *had* thrown her one too many punches. I understood how the hospitalist could diagnose her with “just can't deal with life-itis.” During my examination, as Judy showed me a smiling toddler on her smartphone—“my grandbaby”—joy sparkled in her brown eyes. I was reminded that she was more than a complaining patient—she was someone's mother and grandmother. Still believing she had a medical problem, I pondered, “How would I want my mother to be treated?”

The next day, a colonoscopy revealed a mass requiring surgery.

Through burned-out eyes, patients like Judy are often seen as *problems* instead of *people*. I'm grateful when I can be the doctor my patients deserve—though

sometimes I wonder if it's worth the sacrifice.

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